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PTO/SB/01 (10-00)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

		Attorney Docket Number	er D597.4	
DECLARATION FOR UTILITY OR DESIGN			First Named Inventor	Kingsley
		PLICATION	COMPLETE	E IF KNOWN
		R 1.63)	Application Number	
		Filing Date		
	OR		Group Art Unit	
with Initial Filing	(37 CED 1 16 (a))	Examiner Name		

	As a below named inventor, I hereby declare that:							
	My residence, mailing address, and citizenship are as stated below next to my name.							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
	High-Impedance Optical Electrode							
	(Title of the Invention)							
	the specification of which							
	is attached hereto							
	OR			as United	States Application	Number or PC	International	
	☐ was filed on (MM/DD/YYYY)						(if applicable).	
	Application Number		and was a	mended on (MM/DD/Y	YYY)		,	
	I hereby state that I have reviewed amended by any amendment spe	d and un cifically r	derstand the α referred to above	ontents of the above id /e.	entified specificatio	n, including th	e daims, as	
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
-	Prior Foreign Application Number(s)		Country	Foreign Filing Dat (MM/DD/YYYY)	e Priority Not Claimed	Certified C	Copy Attached?	
	Number(s)			(MIM/UU/TTTT)	Not Claimed	153	NU	
							H	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
	Application Number(s)			e (MM/DD/YYYY)				
	60/215918		07/03/2		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
					I			

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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Name Philip J. Pollick							
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Country United States of Americ	a .	Telephon	e 6142	63 899	0	Fax 614 263 2110	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	ion has been fil	ed for this unsigned inventor	
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(first and middle [if any]) Stuart A.				or Sum	ame Kingsley		
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Inventor's	K	Λ				July 3, 2001	
Signature / h	77-	/k: .	<u></u> -		,	Date	
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Mailing Address							
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Additional inventors are being named			ntal Additio	nal Inver	ntor(s) sheet(s) PT	D/SB/02A attached hereto.	



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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

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Name of Additional Joint Inventor, if ar	ıy:	7		A petition	n has been filed	for thi	s unsigned inventor		
Given Name (first and middle [if any])				Family Name	or Su	mame		
Anthony A. Boiarski									
Inventor's Signature A A Soreus	hi						7-3-0/ Date		
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Mailing Address									
City Columbus	State	OH		ZIP 43	221 Co	untry	US		
Name of Additional Joint Inventor, if ar	ıy:			A petition	has been filed f	or this	unsigned inventor		
Given Name (first and middle [if any]) _		Family Name or Surname			mame			
Norman				Gantz					
Inventor's Signature	Z						Date 7-3-0/		
Residence: City Columbus	State	• OH		Country	US		Citizenship US		
Malling Address 435 Norwich Avenue, A	Apt. 4								
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City Columbus	Stat	_e C	ЭH	ZIP	43201	Coun	try US		
Name of Additional Joint Inventor, if a	ny:			A petition h	nas been filed fo	r this	unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname						
Inventor's Signature							Date		
Residence: City	State			Country			Citizenship		
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Application Number	
Filing Date	
First Named Inventor	Kingsley
Group Art Unit	
Examiner Name	
Attorney Docket Number	D597.4

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OR		Customer Number	000027734				Customer or Bar Code oere	
X Pract	itioner(s) na							
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Jason Foster 39,981								
_	Frank H. Foster 24,560							
Frank T. Kremblas 22,77								
Patrick P. Phillips 29,690								
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	licant/Invente	or.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		SIGNATURE of A	Applicant or Assign	nee of F	Record			
Name	Stuart	A. Kingsley			-			
Signature	1	tos Ken	nle					
Date	2	1 2 1						
		ntors or assignees of recoils required, see below*.	rd of the entire interest	or their	representativ	ve(s) are req	uired. Submit multiple	
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Group Art Unit		
Examiner Name		
Attorney Docket Number	D597.4	

I hereby appoi	int:					—		
Place Customer Number Bar Code Label here								
X Practitioner(s) named below:								
Name Registration Number								
Jason Foster 39,981								
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Patrick P. Phillips 29,690								
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X Applican	t/invento	or.				*		
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
		SIGNATURE of	Applicant or Assign	ee of Record		7		
Name	Sriram	Ş. Sriram			,			
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NOTE: Signatures of all forms if more than one	the inven	ntors or assignees of recision is required, see below*.	ord of the entire interest	or their represer	ntative(s) are required. Subm	it multiple		
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Attorney Docket Number	D597.4	

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X Practitioners at Customer Number 000027734					Number Bar Code Label here			
	er(s) na	med below:			Labor Horo			
	Name				Registration Number			
Jaso	Jason Foster			39,981				
Fran	Frank H. Foster			24,560				
Fran	k T. Kre	mblas		22,773				
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I am the: X Applicant/Inventor.								
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SIGNATURE of Applicant or Assignee of Record								
Name	Anthon	y A. Boiarski						
Signature	mm :							
Date 7-3-0/								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple orms if more than one signature is required, see below*.								
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